

**PURCHASE AND TRAVEL CARD APPLICATION AND MAINTENANCE**  
(See Privacy Act Statement on reverse)

INSTRUCTIONS: Use this form to establish a new account or to make changes and/or cancellations to a current account. For changes check appropriate block in Section I, provide name, social security number, and complete applicable blocks. Submit to the regional program coordinator.

**SECTION I - TYPE OF ACTION**

NEW ACCOUNT		CHANGE ACCOUNT		CANCEL ACCOUNT	
<input type="checkbox"/> Purchase Privileges Only	<input type="checkbox"/>	<input type="checkbox"/> Add Purchase Privileges	<input type="checkbox"/>	<input type="checkbox"/> Add Travel Privileges	<input type="checkbox"/> Purchase Privileges
<input type="checkbox"/> Travel Privileges Only	<input type="checkbox"/>	<input type="checkbox"/> Address/Limit Change	<input type="checkbox"/>	<input type="checkbox"/> Name Change (Include SSN #)	<input type="checkbox"/> Travel Privileges
<input type="checkbox"/> Purchase and Travel Privileges	<input type="checkbox"/>	<input type="checkbox"/> Approving Official Change			<input type="checkbox"/> Account

**SECTION II - CARDHOLDER (Use payroll name)**

NAME			SOCIAL SECURITY NUMBER	OFFICE CORRESPONDENCE SYMBOL
LAST	FIRST	MIDDLE INITIAL		
OFFICE STREET ADDRESS (Including Room Number)			CITY	STATE ZIP CODE (+ 4 if known)
BUSINESS TELEPHONE NUMBER			CARDHOLDER'S CCMail ADDRESS	
HOME STREET (For travel only)			CITY	STATE ZIP CODE (+ 4 if known)

**SECTION III - PURCHASE PRIVILEGES ONLY AND PURCHASE AND TRAVEL PRIVILEGES**

SINGLE PURCHASE LIMIT (\$)		30 DAY PURCHASE LIMIT (\$)		MERCHANT CATEGORY CODE (3 DIGITS)				DATE TRAINING COMPLETED				
DEFAULT FUNDING CODE	FUND	ORGANIZATION CODE	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	COST CENTER A	COST CENTER B	WORK ITEM	PROJECT NO.	CRAFT CODE	DEBIT
<input type="checkbox"/> YES												
<input type="checkbox"/> NO												
CONVENIENCE CHECKS REQUIRED			CHECK THE AMOUNT OF CHECKS YOU NEED					NOTE: Provide work address for printing on checks in business address blocks above.				
<input type="checkbox"/>			<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 150									

**APPROVING OFFICIAL**

NAME			CCMAIL ADDRESS		
OFFICE STREET ADDRESS			BUSINESS TELEPHONE NUMBER		
CITY	STATE	ZIP CODE (+ 4 if known)	NAME OF FORMER APPROVING OFFICIAL		

**DELEGATION OF PROCUREMENT AUTHORITY: FOR NON-WARRANTED CARDHOLDERS** (Warranted contracting officer - Please attach a copy of your warrant to this form.) You are delegated authority to purchase supplies and services not to exceed \$2,500 to be paid for by Government purchase card. Supplies or services may be purchased, consistent with your organizational responsibilities, to satisfy legitimate GSA requirements. The delegation does not authorize you to purchase supplies or services on the open market that are required to be obtained from mandatory sources, or supplies or services for which procurement responsibility has been assigned to another GSA organizational element. All purchases must be made in accordance with applicable laws and regulations including, but not limited to, the Federal Acquisition Regulation (FAR) and the General Services Administration Acquisition Regulations (GSAR). This delegation shall automatically terminate upon separation from the agency, upon assignment to another office within the agency, or upon cancellation of the purchase and travel card account by the approving official or the GSA purchase and travel card program coordinator.

**SECTION IV - SIGNATURES**

<b>REQUESTING OFFICIAL</b> (Division Director or higher)	SIGNATURE	DATE
	TYPED OR PRINTED NAME OF SIGNER	TYPED OR PRINTED TITLE OF SIGNER
<b>FUNDS MANAGER</b>	SIGNATURE	DATE
	TYPED OR PRINTED NAME OF SIGNER	

<b>FOR COORDINATORS USE ONLY</b>	LEVEL TWO	LEVEL THREE	LEVEL FOUR
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## **PRIVACY ACT STATEMENT**

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the travel and purchase card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States code, for the purpose of recording travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the commercial travel and transportation payment and expense control system which provides travelers with purchase cards for official travel and related expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigation; (2) pursuant to request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, clarifying a job, letter or contract or issuing a license, grant or other benefit; (3) to a Member of congress or a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained; (4) to officials of labor organizations when necessary to their duties of exclusive representation; (5) to a Federal agency for accumulating reporting data and monitoring the system; (6) GSA contract travel agents assigned to agencies for billing of travel expense; (7) listings, reports, and records to GSA by the contractor to conduct audits of carrier charges to the Government; and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3" as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a purchase card will not be issued to the employee/member.